

FORM TO BE USED BY A PRISONER
APPLYING TO PROCEED IN FORMA PAUPERIS

4. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles, or any other property or assets? ☒ Yes ☐ No

If "Yes," please describe: _____

5. List the persons who are dependent on you for support, your relationship to each person and how much you contribute to their support.

None

6. Authorization and Declaration

I, _____
(Print or Type Name and Number of Prisoner)

authorize the agency having custody over me to assess, withdraw from my prison account, and forward to the Clerk of the District Court for the District of New Jersey (1) an initial partial filing fee equal to 20% of the greater of the average monthly deposits to my prison account or the average monthly balance in my prison account for the six-month period immediately preceding the filing of the complaint, and (2) payments equal to 20% of the preceding month's income credited to my prison account each month the amount in the account exceeds \$10.00, until the \$150.00 fee is paid. 28 U.S.C. § 1915(b)(1) and (2).

I declare under penalty of perjury that the information contained in this application is true and correct.

June 14, 2005

DATE

James Louis DANKL

SIGNATURE OF APPLICANT

FORM TO BE USED BY A PRISONER
APPLYING TO PROCEED IN FORMA PAUPERIS

In support of this application, I answer the following questions under the penalty of perjury:

1. Are you currently incarcerated? 05-11274DPW

If "Yes," list dates and places of confinement for the six-month period immediately preceding the filing of this application:

Dates of Confinement

10-09-2004

Place of Confinement

Passaic County Jail

For each institution in which you have been confined for the preceding six months, you must submit a certified copy of your prison account statement and an Account Certification Form (use attached Account Certification Forms).

2. Are you employed at your current institution?

☐ Yes ☒ No

Do you receive any payment or money from your current institution? ☐ Yes ☒ No

If "Yes," state how much you receive each month: _____

3. In the past 12 months, have you received any money from any of the following sources?

- | | | |
|--|------------------------------|--|
| a. Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source of money and state the amount received and what you expect you will continue to receive.

N/A

3. Other than your prison account, do you have any cash or checking or savings account?

☐ Yes ☒ No

If "Yes," state the total amount: _____